

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH Gila

ARIZONA STATE BOARD OF HEALTH

1. County of _____
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159
County Registrar No. 119
Local Registrar No. 74

No. 926 Rose Road St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Anna Lee Walters (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Feb 20 1925 Month Day Year

8. FATHER
Full name Frank Lawrence Walter

14. MOTHER
Full maiden name Ariel Ivern Pew

9. Residence (Usual place of abode) Miami, Ariz
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Ariz
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 22 (Years)

16. Color or race White 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Courtland
(State or country) Arizona

18. Birthplace (city or place) Mesa
(State or country) Arizona

13. Occupation Painter
Nature of industry Copper mining

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was Alice at 7 P m. on the date above stated (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report. Month, day, year _____ Filed Feb 28 1925 Nelson & Brayton Local Registrar.

Registrar _____ Filed 3/9 1925 J. S. Wylton County Registrar.

162-220-176